

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">455910.36</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">477002.88</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">38992.47</span>	<span style="border: 1px solid black; padding: 2px;">557043.44</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">515995.35</span>	<span style="border: 1px solid black; padding: 2px;">1012953.80</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">36813.00</span>	<span style="border: 1px solid black; padding: 2px;">533771.45</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">479182.35</span>	<span style="border: 1px solid black; padding: 2px;">479182.35</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	2		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29209.69	455616.62
(ii) Unitemized .....	8782.78	99326.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	37992.47	554943.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37992.47	554943.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	100.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38992.47	557043.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38992.47	557043.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1109.00	11688.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1109.00	11688.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	435147.69
24. Independent Expenditures (use Schedule E) .....	18339.00	75339.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	365.00	11596.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	365.00	11596.68
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36813.00	533771.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36813.00	533771.45

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37992.47	554943.44
34. Total Contribution Refunds (from Line 28(d)) .....	365.00	11596.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37627.47	543346.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1109.00	11688.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1109.00	11688.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Quentin Allen**

Mailing Address 8921 N Wood Sage Rd

City State Zip Code  
 Peoria IL 61615-7822

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 02 2012

Transaction ID : 02C5429FA4BDBB92F5B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James Arthur**

Mailing Address 3769 Crossings Dr

City State Zip Code  
 Prescott AZ 86305-7121

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 27 2012

Transaction ID : F03C47C024F0A65018E

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Ray Balyeat**Mailing Address 2000 S Wheeling Ave  
Ste 400

City State Zip Code  
 Tulsa OK 74104-5641

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 27 2012

Transaction ID : 68C2A18033AEF7CB00D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2365.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald Barke**

Mailing Address 910 N Davis Dr  
Ste 100

City State Zip Code  
Arlington TX 76012-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2012

**Transaction ID : 4CB7B625AA06B0519454**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Derek Barker**

Mailing Address 1920 Pickens St

City State Zip Code  
Columbia SC 29201-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 4F8D2BC0FDD40B5DA79**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ivan Batlle**

Mailing Address 9301 W 74th St  
Ste 210

City State Zip Code  
Shawnee Mission KS 66204-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 31 / 2012

**Transaction ID : 4630B521E01057C06345**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.01

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 51

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Ivan Baumwell**

Mailing Address 400 Broad St  
Ste 2020

City State Zip Code  
Sewickley PA 15143-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2012

Transaction ID : 4AB8B004A160ED9A2C5C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Bradley Black**

Mailing Address 5220 Flanders Dr

City State Zip Code  
Baton Rouge LA 70808-9112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

Transaction ID : 95ECD906-D22F-49CB-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Steven Bodine**

Mailing Address 915 Palmer Rd  
Retina Consultations

City State Zip Code  
Bronxville NY 10708-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2012

Transaction ID : 43F59D21A259F7261843

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.01



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Rodger Bodoia**

Mailing Address 215 Lilly Rd NE

City Olympia State WA Zip Code 98506-5030

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 0223B00F25068EF584A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. David Bogorad**

Mailing Address 2509 Walton Way

City Augusta State GA Zip Code 30904-4561

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

08 / 26 / 2012

Transaction ID : 463F8C2432AF25CAF48B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. James Gerard Brooks Jr.**

Mailing Address 2718 Madden Dr

City Columbus State GA Zip Code 31906-1137

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 22 / 2012

Transaction ID : 4044BDF8FE1E8F9E6FC

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 10 OF 51

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Mark Brower**

Mailing Address 504 Willabay Dr

City  
Williams Bay

State  
WI

Zip Code  
53191-9627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 4F7067DBB6CF21F122E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mark Brown**

Mailing Address 1100 Savannah Dr

City  
Mobile

State  
AL

Zip Code  
36609-5138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7E4EF30670238DD9CDA

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Bruce Brumm**

Mailing Address 6751 N 72nd St  
Ste 105

City  
Omaha

State  
NE

Zip Code  
68122-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 03 / 2012

Transaction ID : 43848E146B6C4C2812E0

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 11 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Frank Burns**

Mailing Address 301 Pepperbush Rd

City

Louisville

State

KY

Zip Code

40207-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 06 / 2012

**Transaction ID : 4FB6B0023AB95652B454**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. M. Gary Carter**

Mailing Address 1867 Forsyth St

City

Macon

State

GA

Zip Code

31201-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : FC83664236663CE8C49**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Carol Strain Clemons**

Mailing Address 471 Ashley Ridge Blvd  
Ste 300

City

Shreveport

State

LA

Zip Code

71106-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2012

**Transaction ID : 4156881F8D760EC27EA2**

Amount of Each Receipt this Period

30.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

613.75

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 12 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Bruce Cohen**

Mailing Address 4921 Parkview Pl  
Ste 14F

City State Zip Code  
Saint Louis MO 63110-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : 728800433D54445B6A4**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Seth Consoer**

Mailing Address 1630 Adams St

City State Zip Code  
Mankato MN 56001-6795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

**Transaction ID : 922C9CA95006865DCCC**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Atys Cope**

Mailing Address PO Box 239

City State Zip Code  
Statesboro GA 30459-0239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 27 / 2012

**Transaction ID : 4F5B8F105856496CA1C7**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

833.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Russell Crain**

Mailing Address 11011 Hefner Pointe Dr  
Ste B

City State Zip Code  
Oklahoma City OK 73120-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 9AC3A9C8CF5F92823B6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Marshall Cyrlin**

Mailing Address 29275 Northwestern Hwy  
Ste 200

City State Zip Code  
Southfield MI 48034-5744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2012

Transaction ID : 795727410123F9AF4CB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Michael Daun**

Mailing Address 2055 Reading Rd  
Ste 330

City State Zip Code  
Cincinnati OH 45202-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2012

Transaction ID : 412EBCE97C67862751B6

Amount of Each Receipt this Period

30.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1280.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Edelstein**

Mailing Address 2905 W Warner Rd  
Ste 20

City Chandler State AZ Zip Code 85224-1674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2012

**Transaction ID : 67D51BC2F7F0DCA67B2**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marc Fisher**

Mailing Address 1525 W Hawkins Trl

City Kankakee State IL Zip Code 60901-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : 08D2DA6E21060076334**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Arthur Fishman**

Mailing Address 603 N Flamingo Rd  
Ste 250

City Pembroke Pines State FL Zip Code 33028-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2012

**Transaction ID : 476389EC8E36B50E373D**

Amount of Each Receipt this Period

30.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Erin Fogel**

Mailing Address 13 N Bow Dunbarton Rd

City State Zip Code  
 Bow NH 03304-4701

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

121.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

Transaction ID : 4F24B4032A8CCD82950C

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

**B. Jerry Ford**

Mailing Address 2020 Fleischmann Rd

City State Zip Code  
 Tallahassee FL 32308-4599

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

Transaction ID : 606F36E0EB481975070

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas Gardner**

Mailing Address 756 Marion St

City State Zip Code  
 Denver CO 80218-3434

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

Transaction ID : 4E14A467DFF9EFE38FB

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

760.41

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 16 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Sunir Garg**

Mailing Address 840 Walnut St  
Ste 1020

City Philadelphia State PA Zip Code 19107-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 27 / 2012

**Transaction ID : 4C7AA17F56B585BEC7EA**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Paul Garland**

Mailing Address 2500 Highway 77

City Panama City State FL Zip Code 32405-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : 5872DCDEC4CFC60EFBD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Robert Gerald**

Mailing Address 7308 Fleming Ave

City Amarillo State TX Zip Code 79106-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

**Transaction ID : BA4673EE47883E1A438**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

530.42

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Michael Gilbert**

Mailing Address 1364 91st Ave NE

City

Clyde Hill

State

WA

Zip Code

98004-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : 450998472B022B856DDE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. John Douglas Goosey**

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

Transaction ID : 414DAAF3FFACE0FDD56A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. John Haley**

Mailing Address 1626 Forest Ln S

Ste B

City

Garland

State

TX

Zip Code

75042-7943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 4582844CB3E1D29588CA

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

266.68

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Hausheer

Mailing Address 808 NW Arlington Ave

City

Lawton

State

OK

Zip Code

73507-6637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2012

Transaction ID : 09A8A74725B11FA0D9E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Holcomb

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2012

Transaction ID : 467FBAF668DE96792D31

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffery Hottman

Mailing Address 4353 Dodge St

City

Omaha

State

NE

Zip Code

68131-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

Transaction ID : D208EF1A-6AF3-4E11-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Hunter**

Mailing Address 300 Longwood Ave

City  
Boston

State  
MA

Zip Code  
02115-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 13 / 2012

**Transaction ID : 45F789524249D0BEBCD4**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Stephen Hwang**

Mailing Address 3501 E Carol Ave

City  
Phoenix

State  
AZ

Zip Code  
85028-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : A9E40E22D0039538080**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. W. Jackson Iliff**

Mailing Address 901 Crystal Spring Farm Rd

City  
Annapolis

State  
MD

Zip Code  
21403-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2012

**Transaction ID : 48ACA8588E8E91AD74FD**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

580.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Janigian**

Mailing Address 131 Applegate Rd

City

Cranston

State

RI

Zip Code

02920-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 30 / 2012

**Transaction ID : ADB738530BCEB4282B3**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Randolph Johnston**

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : 40C0B375226E1248CDA8**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Leslie Jones**

Mailing Address 2041 Georgia Ave NW  
Ste 2100

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 08 / 2012

**Transaction ID : 4DE1AA36231EC09D8CD4**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

183.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Ward Kalenak**

Mailing Address 2600 N Mayfair Rd  
Ste 600

City Milwaukee State WI Zip Code 53226-1374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

**Transaction ID : 74E46482DB9F32B2310**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Keith Kellum**

Mailing Address 1433 Burma Rd

City Thibodaux State LA Zip Code 70301-6187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

**Transaction ID : B2D6040B6BC92D20BB3**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John Kennedy**

Mailing Address 1675 Providence Ave

City Schenectady State NY Zip Code 12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

**Transaction ID : 633CB41F6999AC663D3**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Judith Kirby**

Mailing Address 4209 Bordeaux Ave

City State Zip Code  
Dallas TX 75205-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : BB5E3A83D033E2DEC4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephen Klapper**

Mailing Address 11900 N Pennsylvania St  
Ste 104

City State Zip Code  
Carmel IN 46032-4694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2012

Transaction ID : B5B54AE21C19AEE0BB5

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. James Klein**

Mailing Address 21711 Greater Mack Ave

City State Zip Code  
Saint Clair Shores MI 48080-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2012

Transaction ID : 4C0894BBAF635C91F6B5

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Craig Kliger**

Mailing Address 100 Galewood Cir

City State Zip Code  
 San Francisco CA 94131-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : 46B9A9AE6CBAAD2AD0B**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Douglas Kopp**

Mailing Address 2222 W 24th St  
 Unit 10

City State Zip Code  
 Plainview TX 79072-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : 46A1B880D8760D8D15E8**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Janice Law**

Mailing Address 2311 Pierce Ave

City State Zip Code  
 Nashville TN 37232-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2012

**Transaction ID : 47E4BAD60668B4B370F6**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 24 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jay Harris Levy**

Mailing Address 184 NE 168th St

City

North Miami Beach

State

FL

Zip Code

33162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 16 / 2012

**Transaction ID : 12F7A61832A360345F2**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Scott MacRae**

Mailing Address 100 Meridian Ctr

Univ of Rochester - Strong Vision,

City

Rochester

State

NY

Zip Code

14618-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2012

**Transaction ID : 646C5721E59211A2473**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ahad Mahootchi**

Mailing Address PO Box 1059

City

Zephyrhills

State

FL

Zip Code

33539-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2012

**Transaction ID : 497BAFA0AB293F288548**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

666.68



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 25 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Ray Maizel**

Mailing Address 2224 Alaqua Dr

City

Longwood

State

FL

Zip Code

32779-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2012

Transaction ID : D1CA5F8326E42598471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Benjamin Mason**

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 29 / 2012

Transaction ID : 4FF8A97EABDCF3032DEC

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Raj Maturi**

Mailing Address 200 W 103rd St  
Ste 1060

City

Indianapolis

State

IN

Zip Code

46290-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 26 / 2012

Transaction ID : 4BB9A3405261BD1C0DD0

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Mark Mayle**

Mailing Address 269 Hoffman Ave

City State Zip Code  
Morgantown WV 26505-7302

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2012

Transaction ID : 46C6A54FA786D1708620

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Bobby McCullen**Mailing Address 2325 Aberdeen Blvd  
Ste A

City State Zip Code  
Gastonia NC 28054-0642

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2012

Transaction ID : 6D392BD5ABD3609B0AC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. M. Lisa McHam**Mailing Address 1900 Crown Colony Dr  
Ste 300

City State Zip Code  
Quincy MA 02169-0979

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2012

Transaction ID : 48FAA41500063AE16536

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1133.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Melendez**

Mailing Address 735 Grey Hawk Dr NE

City

Rio Rancho

State

NM

Zip Code

87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.35

Date of Receipt

08 / 12 / 2012

**Transaction ID : 4D9AB7291E94068A5AAC**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Michael Edward Edward Migliori**

Mailing Address 392 Rochambeau Ave

City

Providence

State

RI

Zip Code

02906-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 08 / 2012

**Transaction ID : 456F93FEB79FDDB2DD89**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. John Mikulla**

Mailing Address 2400 Ardmore Blvd  
Ste 200

City

Pittsburgh

State

PA

Zip Code

15221-5299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : 70B9BDF97D81C3300D5**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

490.01

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 28 OF 51  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Aaron Miller**

Mailing Address 19719 Oxalis Ct

City State Zip Code  
 Spring TX 77379-7555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 23 / 2012

**Transaction ID : 4A6A98CF2AED5ED56075**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Amalia Miranda**

Mailing Address 4801 Bocage Ln

City State Zip Code  
 Oklahoma City OK 73142-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 14 / 2012

**Transaction ID : 44E992C2765AFC903BAE**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dan Montzka**

Mailing Address 11031 US Highway 19  
 Ste 106

City State Zip Code  
 Port Richey FL 34668-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2012

**Transaction ID : 99C27AE02A7AB41B195**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald Lee Lee Morton**

Mailing Address 7700 Saddleback Dr

City

Bakersfield

State

CA

Zip Code

93309-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

08 / 27 / 2012

**Transaction ID : 4C6ABDF0CF87DEF3578F**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Kenneth Musson**

Mailing Address 929 Business Park Dr

City

Traverse City

State

MI

Zip Code

49686-8683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 16 / 2012

**Transaction ID : 13858174AE631786E3D**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Sok Nam**

Mailing Address 4278 W 3rd St

City

Los Angeles

State

CA

Zip Code

90020-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 08 / 2012

**Transaction ID : 458CA2CDB7F20A7B9BEB**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

490.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. T. Hunter Newsom**

Mailing Address 16726 Valseca De Avila

City State Zip Code  
Tampa FL 33613-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2012

**Transaction ID : 3C1B28A7ADBCDDECE4D**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul Nichols**

Mailing Address 3889 Veterans Memorial Pkwy

City State Zip Code  
Saint Peters MO 63376-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

**Transaction ID : 0FF68E5AB378DA14072**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ronan O'Malley**

Mailing Address 6750 West Loop S  
Ste 1060

City State Zip Code  
Bellaire TX 77401-4119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

**Transaction ID : 20EB50BFB4858DF8137**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City State Zip Code  
 Fairfield OH 45014-3668

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 09 / 2012

Transaction ID : 43A09C7363E7601CFB6F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Richard Ou

Mailing Address 3929 Marquette St

City State Zip Code  
 Houston TX 77005-4311

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 27 / 2012

Transaction ID : 8D49EA03014CE3001E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brenda Pagan-Duran

Mailing Address 45 Twin Brooks Rd

City State Zip Code  
 Saddle River NJ 07458-3322

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 09 / 2012

Transaction ID : 64B10BB4997DB2658C3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Timothy Page**

Mailing Address 800 S Adams Rd  
Ste 201

City Birmingham State MI Zip Code 48009-7008

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 20 / 2012

Transaction ID : 496EA534377CA0647DDE

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Millicent Palmer**

Mailing Address 4102 Woolworth Ave  
Routing # 112

City Omaha State NE Zip Code 68105-1851

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.36

Date of Receipt

08 / 20 / 2012

Transaction ID : 43E5BE276803AD6F6D75

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Harpreet Nini Patheja**

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 03 / 2012

Transaction ID : 4E19A29C31634E74A732

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

166.68



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Raizman**

Mailing Address 50 Staniford St  
Ste 600

City State Zip Code  
Boston MA 02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2012

**Transaction ID : 8ADF769DDB4368CEBED**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Barton Ramsey**

Mailing Address 440 West Martin L King Boulevard

City State Zip Code  
Danville KY 40422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : 46B38EB501CAE95D547**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Penporn Reck**

Mailing Address 345 College St SE  
Ste C

City State Zip Code  
Lacey WA 98503-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : 12E30299A2B8F3FAE79**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. William Rich**

Mailing Address 6231 Leesburg Pike  
Ste 608

City Falls Church State VA Zip Code 22044-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2012

Transaction ID : 4382B8BA55C48BEE4A9C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. David Richardson**

Mailing Address 207 S Santa Anita Ave  
Ste P25

City San Gabriel State CA Zip Code 91776-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2536.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2012

Transaction ID : 48E6BED6258F7B835C76

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

**C. Barry Roper**

Mailing Address 14837 Felbridge Way

City Midlothian State VA Zip Code 23113-6715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2012

Transaction ID : 4909854ED5CF4E31B8AA

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

442.01

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Carlos Rosende**

Mailing Address 7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2012

Transaction ID : 4C7C9987173786B271BF

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark Ruchman**Mailing Address 1 Reservoir Office Park  
Ste 203

City

Southbury

State

CT

Zip Code

06488-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2012

Transaction ID : 49A7AE0072CA1E5F9D1C

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Nelson Sabates**

Mailing Address 11261 Nall Ave

City

Leawood

State

KS

Zip Code

66211-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

Transaction ID : AADC40FFEA0B145A82B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1130.42

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jean Schott**

Mailing Address 2209 S Memorial Pl

City

Sheboygan

State

WI

Zip Code

53081-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2012

Transaction ID : F099F9D095F65561EB9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda Schumacher-Feero**

Mailing Address 8 Thomas Dr

City

Waterville

State

ME

Zip Code

04901-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2012

Transaction ID : 48C2A1F66A383A20482B

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

**C. Debra Shetlar**

Mailing Address 2002 Holcombe Blvd  
Ste 112C

City

Houston

State

TX

Zip Code

77030-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 24 / 2012

Transaction ID : 436B8573B4A69BB8D05E

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

560.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Shulman**

Mailing Address 999 E Basse Rd  
Ste 127

City State Zip Code  
San Antonio TX 78209-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 22 / 2012

**Transaction ID : 42D6810D22E18BCAB86F**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Julius Shulman**

Mailing Address 229 E 79th St

City State Zip Code  
New York NY 10075-0866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2012

**Transaction ID : 721A9DDD603A77527F2**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Singer**

Mailing Address 9157 Huebner Rd

City State Zip Code  
San Antonio TX 78240-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 29 / 2012

**Transaction ID : 6BB386456FC4016467C**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

698.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Lawrence Singerman**

Mailing Address 3401 Enterprise Pkwy  
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

08 / 29 / 2012

**Transaction ID : 428892287D290AFA338B**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **B. Daniel Smith**

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 03 / 2012

**Transaction ID : 4553B7940BE5FB05A76E**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **C. Scott So**

Mailing Address 2100 Webster St  
Ste 214

City San Francisco State CA Zip Code 94115-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 19 / 2012

**Transaction ID : 4C529F4B48877E813B7C**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Roger Steinert**

Mailing Address 118 I

City State Zip Code  
Irvine CA 92697-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : 4571A41F406A6D9C6CF7**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Cameron Stone**

Mailing Address 386 Kimberly Ave

City State Zip Code  
Asheville NC 28804-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : 4E73A7B51D19FD469540**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Gary Tanner**

Mailing Address 10 Jacobs Ln

City State Zip Code  
Newport News VA 23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2012

**Transaction ID : 43E4ABC42EFDB39690A3**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

216.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Muhib Tarakji**

Mailing Address 418 Greenway Ave

City

South Charleston

State

WV

Zip Code

25309-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 874E6ACF8C31530D924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. C. Howell Tucker**

Mailing Address 101 Yorktown Dr  
Ste 225

City

Fayetteville

State

GA

Zip Code

30214-1578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 02 / 2012

Transaction ID : 0B3721E8121785FD7EC

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Petra Von Kulajta**

Mailing Address 929 Business Park Dr

City

Traverse City

State

MI

Zip Code

49686-8683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : 62F85BD66CA844419D1

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. William Thomas Walton**

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 16 / 2012

Transaction ID : 299EECE1A8D34997949

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Thomas Peter Ward**

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 14 / 2012

Transaction ID : 4C90A748ADF86DB71BBB

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City

Seattle

State

WA

Zip Code

98118-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

08 / 26 / 2012

Transaction ID : 4812ABCD9CF81DD1B424

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. James Wentzien**

Mailing Address 3600 N Interstate Ave

City State Zip Code  
 Portland OR 97227-1106

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 12 2012

Transaction ID : 45E797BFA43CAD810D6F

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Richard Wieder**Mailing Address 11188 Tesson Ferry Rd  
Ste 100

City State Zip Code  
 Saint Louis MO 63123-6962

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 07 2012

Transaction ID : 48FEB377486E592E4D48

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert Wiggins**

Mailing Address 1 Country Club Rd

City State Zip Code  
 Asheville NC 28804-3634

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 30 2012

Transaction ID : D4B90A90A39CE3C323C

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeremy Wolfe**

Mailing Address 3535 W 13 Mile Rd  
Ste 344

City State Zip Code  
Royal Oak MI 48073-6770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2012

**Transaction ID : 427A8C6056D311AA8388**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. William Wong**

Mailing Address 99-128 Aiea Heights Dr  
Ste 703

City State Zip Code  
Aiea HI 96701-3978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 08 / 2012

**Transaction ID : 4F0781C3AA550138F574**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Stuart Wunsh**

Mailing Address 1005 Clifton Ave

City State Zip Code  
Clifton NJ 07013-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2012

**Transaction ID : 0A368C5CA42364F56AE**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Carol Ziel**

Mailing Address 2025 Frontis Plaza Blvd  
Ste 100

City Winston Salem State NC Zip Code 27103-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

Transaction ID : 4D6B9885A3242246D409

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Harry Zink**

Mailing Address 3519 Friendsville Rd

City Wooster State OH Zip Code 44691-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2012

Transaction ID : E52C22FA0FC12E0717D

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

406.67

**TOTAL** This Period (last page this line number only)..... ►

29209.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 51  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. McKinley for Congress**

Mailing Address PO Box 642

City

Morgantown

State

WV

Zip Code

26507

FEC ID number of contributing  
federal political committee.

C

C00473132

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2012

Transaction ID : A0A97E910114F76972E

Amount of Each Receipt this Period

1000.00

Refund of 5/30/12 contribution made

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

804.39

304.61

1109.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement  
2012 General

011

Candidate Name

Xavier Becerra

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 34

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : 31E9321F670067907E7

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Braley for Congress**

Mailing Address PO Box 390

City	State	Zip Code
Waterloo	IA	50704

Purpose of Disbursement  
2012 General

011

Candidate Name

Bruce L. Braley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 01

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 9D284BA45CB2BBBCB369

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Clay Jr. for Congress**

Mailing Address PO Box 4544

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement  
2012 General

011

Candidate Name

William Lacy Clay Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 01

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : EB121B50F1949CD005D

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Scott Desjarlais**

Mailing Address PO Box 90133

City  
NashvilleState  
TNZip Code  
37209Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Scott Eugene DesJarlais**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: TN

District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2012**Transaction ID : 51CFD657539D028EFC0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gary Miller for Congress**

Mailing Address 721 S Brea Canyon Rd Ste 7

City  
Diamond BarState  
CAZip Code  
91789Purpose of Disbursement  
2012 General

011

Candidate Name

**Gary G. Miller**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: CA

District: 31

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2012**Transaction ID : 74329CA5AFD642588A5**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Gloria Negrete McLeod for Congress**

Mailing Address 5415 Francis Ave

City  
ChinoState  
CAZip Code  
91710Purpose of Disbursement  
2012 General

011

Candidate Name

**Gloria Negrete McLeod**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: CA

District: 35

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2012**Transaction ID : B6F1998DF34BD037364**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Michaud for Congress**

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
------------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

Michael H. Michaud

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 9CEB86A0EC2E0E9864C

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
-----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

Thomas E. Price M.D.

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 6A6914D214C2A40A0F7

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00

17000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Edward Gaul**

Mailing Address 251 Moosa Blvd

City	State	Zip Code
Eunice	LA	70535-3638

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : BBEB86EC5F03C026463

Amount of Each Disbursement this Period

365.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

365.00
--------

365.00
--------

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00196246       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>DMI Direct</b>		Date <span style="border: 1px solid black; padding: 2px;">08 / 14 / 2012</span>
Mailing Address 1145 W Collins Ave		Amount <span style="border: 1px solid black; padding: 2px;">18339.00</span>
City Orange	State CA	
Zip Code 92867		<b>Transaction ID : V2B148CAF87978DE20BB</b> Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Purpose of Expenditure 8/23/12 IE - AZ Schweikert mailing		
Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. David Schweikert		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18339.00</span>		

Full Name (Last, First, Middle Initial) of Payee		Date <span style="border: 1px solid black; padding: 2px;"> </span>
Mailing Address		Amount <span style="border: 1px solid black; padding: 2px;"> </span>
City	State	
Zip Code		Office Sought: <input type="checkbox"/> House State: <u> </u> <input type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Purpose of Expenditure		
Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate Supported or Opposed by Expenditure:		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">18339.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">18339.00</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steven Rausch

[Electronically Filed]

Signature

Date

09 / 17 / 2012